	TE/OFFICEHOLDER N FINANCE REPORT		RECEPÇEM C/OH	
The C/OH INSTRUCTE this form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	20 Jul. 10 A 8: 54	
3 CANDIDATE / OFFICEHOLDER NAME	Council MAN Esti	MI	OFFICE USE ONLY	
	NICKNAME LAST (	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER ADDRESS	P.O. Box 5344 SANANT	nty: state: zipcode opuio TK 78201		
Change of Address			Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	TITLE FIRST	MI S	Receipt # Amount	
	MESSEXIGER	SUFFIX	Date Processed  Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APTISUM 3481 Fredricks buy & SAN ANTONIO, TX	E#; CITY: STATE:	ZP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 938,4945	EXTENSION		
8 REPORT TYPE	January 15 30th day before election  July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only)	
		Exceeded \$500 limit	Finel report (Attach C/OH - FR)	
9 PERIOD COVERED	Month Day Year 4 /5 /01 THROU	GH 6 /30		
10 ELECTION	Month Day Year ELECTION TYPE	E NA E	General Special	
H OFFICE	City Council Dist/	12 OFFICE SOUGHT (If land	wn)	
IS NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expend Candidates are required to disclose this information on	litures made by others without the ca ly if they receive notification of the di	endidate's prior consent or approval. rect campaign expenditure. ••	
BY OTHER INDIVIDUALS	Name N/A		<u>-</u>	
additional pages	Address / PO Box: Apt. / Suite R; City: State: Zi	p Code		
GO TO PAGE 2				

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

	· _		COVER SHEET PG 2
14 C/OH NAME			15 ACCOUNT #(Briss Commission Burn)
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for n may have been me this information only	otics of political expenditures by political committees to support the candida without the candidate's or officeholder's knowledge or consent. Candida if they receive notice of such expenditures.	date / officeholder. These expenditures les and officeholders are required to report
22(0)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	= specific	NA	<i>(*</i>
additional pages	,	COMMITTEE CAMPAIGN TREASURER NAME  N COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMPAIGN TREASURER ADDRESS  W A	
17 NO REPORTABLE ACTIVITY		no reportable activity occurred during this reporting period. (Sign affidavit belo	w and submit pages 1 and 2 only.)
** CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ NA
	(OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24285
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ µA
		POLITICAL EXPENDITURES	\$ 24470.61
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	rincipal amount of all outstanding loans as of the Y of the reporting period	\$ 24470.61 \$ NA
AFFIX NOTARY STAMP	ERLY A. ZWEIFI COMMISSION BURNE tober 03, 2004	Signature of Candidate	metion required to be reported by
Sworn to and subscribe of 14/4, 20	1	y which, witness my hand and seel of office.	this the <u>LS +/</u> day
Signature of officer admir	Lievefe Mistering control	Severly Zweifel  Printed name of officer edministering outh  Title of	fofficer administering ceth

Texas Ethics Co	- 10.00X 12070 Add	in, Texas 78711-2070	(512) 46	3-5800 1-800-325-85
OTHER	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	IS CVED	(FOR FOR	SCHEDULE A1 LMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	ON GUIDE explains how to complete this form.	CLERK :	1 Total pages this	Schedule A1:
2 FILER NAM	by Pevez 2001 ML i	b A 8:54 :	ACCOUNT # (EI	hics Commission flers)
4 Date	Full name of contributor Out-of-state PAC (IDA:		Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4 601 9 Principal	6 Contributor address; City; State; Zip Code 8520 CROWN Will BIND SAN ANTONIO, TX  (potional)	78209	7500	
	padori (Optoriar)	10 Employer (Optional)		
Date	Full name of contributor   OUN-OUNTED PAC (IDE)		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/4/01	Contributor address: City; State; Zip Code 715 West wood SAN ANTONIO, TX 782		+ 50 as	! : :
Principal occu	pation (Optional)	Employer (Optional)		
Date	Full name of contributor   out-of-state PAC (TOK_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/9/01	Contributor address; City; State: Zip Code 198 Terrell Rd San An Lowid, TK TE	3205	t <sub>100</sub> =	
Principal occup	pation (Optional)	Employer (Optional)		
Date	Full name of contributor   Out-of-state PAC (IDIT:  Pyron Tooth  Contributor address: City: State: Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/10/01	148 Terrell Rd Son Antonio TX 1000	99	300	
Principlei occup	etion (Optional)	Employer (Optional)		
Date	Full name of contributor Out-of-state PAC (IDIK		Amount of ontribution (\$)	In-kind contribution description (if applicable)
C//P/01	SAN ANTONIO, TX 78 ation (Optional)	275 Employer (Optional)	30	
If contril	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru	OF THIS FORM AS	NEEDED tional reportin	ig requirements.

al occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Con	nmission P.O. Box 12070 Aust	n, Texas 78711-2070	(512) 463-	5800 1-800-325-8506
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS	(FOR FORMS	SCHEDULE A1 B C/OH, C/OH-SS, SC-C/OH, C-SPAC, SPAC, & SPAC-SS)
Тне іняткистю	N Guide explains how to complete this form.	AN O	NTOtal pages this So	hedule A1:
2 FILER NAME	Bobby Reny 2	W 10 11 . L	ACCOUNT# (Ethic	s Commission flers)
4 Date	5 Full name of contributor, Och-of-state PAC (IDS:  SAN HUNDING Real-toys  6 Contributor address; City; State; Zip Code  9/10 IH 10 W	PAC	Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	SAN ANTONIO, TY 78 pation (Optional)	10 Employer (Optional)	150	
Date	Full name of contributor out-of-state PAC (104)  Ly ene lange  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/25/01	2301 Fresho St San Antonio, TX 78	3201	10000	:
Principal occur	pation (Optional)	Employer (Optional)		
N/26/O	Full name of contributor   Qui-of-etate PAC (IDR)  TALAMANT-L Z XAVA;  Contributor address; City; State; Zip Code  1575 BANDENN  SAN ANTONIO TX  pation (Optional)	t.e	Amount of   contribution (\$)	In-kind contribution ,r description (if applicable)
,		2.000		
Date / 1	Full name of contributor   out-of-state PAC (IDE)  WANGE ZSCO DEV  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/25/01	Som Autorio, TX	18212 1	000	
Principal occup	pation (Optional)	Employer (Optional)	. <del>.</del>	
Date	Full name of contributor   out-of-state PAC (TOR)  DOWN ASAHOV  Contributor address: City: State: Zip Code  300 W. Truch M	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principlei occur	SAN ANTONIO, TK 1	782/2_ / Employer (Optional)		
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Texas Ethics Cor	mmission P.O. Box 12070 Austin	, Texas 78711-2070	(512) 46	3-5800 1-800-325-850
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	S	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
Тне Інятвистю	N Guide explains how to complete this form.	\$40 EV	1 Total pages this :	School 12
2 FILER NAME	Bubby Pery	GHERRE SAND	S OCHONT # (E#	nics Commission flers)
4 Date	5 Full name of contributor   Quad-ot-state PAC (10th:	2001 111 15 7	7 Ameyet of contribution (\$)	8 In-kind contribution description (if applicable)
4/25/01	6 Contributor address; City: State: Zip Code 1070 Engles (Andia Oak Rojat Th 750	y Blud 68	100000	
9 Principal occur	pation (Optional)	10 Employer (Options	u)	
Date	Full name of contributor Out-of-state PAC (108:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/12/01	Contributor address; City; State; Zip Code 215 W. TVAVIS SAN ANTONIO, TI	resol	1/0000	: 
Principal occup	pation (Optional)	Employer (Options	N)	
, Date	Full name of contributor   out-of-state PAC (IDIR		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/12pl	SAN ANTONIO, TX	78205	1000	
Principal occup	pation (Optional)	Employer (Options	()	
Date .	Full name of contributor   out-of-state PAC (IDIT)    Devil Devilor     Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/23/01	Sm Antowic, TX	78201	RO	
Principel occu	pation (Optional)	Employer (Options	N)	
Date	Full name of contributor   Out-of-state PAC (IDIR:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/2501	- 5485 Belthret Dallas, TK 7524	0	100	- ; -
Principal occur	pation (Optional)	Employer (Options	M)	
lf contr	ATTACH ADDITIONAL COPIE			ing requirements.

Texas Ethics Cor	nmission P.C	). Box 12070 Au	stin, Texas 78711-207	(512) 46	3-5800	1-800-325-8506
	CAL CONTR THAN PLED	BUTIONS GES OR LOA	NS	(FOR FOR	SCHED MS C/OH, C/OH- SC-SPAC, SPAC	ULE A1 88, SC-C/OH, . 4 SPAC-SS)
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2 FILER NAME	Printio	bring Bo	bby Pous	3 ACCOUNT & TIE	Promission the	3)
4 Date	6 Contributor address	utice Garages Since	Dr.	7 Amount of contribution (\$):		ontribution (If applicable)
9 Principal occup	pation (Optional)	allas, The	16 2 48 10 Employer (Options	an)		
Date	Contributor address	. Wallace		Amount of contribution (\$)		ontribution (if applicable)
Principal occur	1	11	Employer (Options	50000		<del>:</del> 
Date	Full name of contrib	I PAC.		Amount of contribution (\$)		ontribution (if applicable)
LI (B) di Principal occur	/ 900 / 1 00 pation (Optional)	West Loop	702 7 Employer (Options	250°°		
Date 4/25	Full name of contrib  Dougle  Contributor address	Convercy	de	Amount of contribution (\$)		ontribution (if applicable)
Principal occup	Detion (Optional)	tutorio, 1x	Employer (Options	M)		
1/26/a	Full name of contribution address 822			Amount of contribution (\$)		ontribution (if applicable)
Principal occup	pation (Optional)		Employer (Options	M)		
If contri		ACH ADDITIONAL COP			ng requirem	ents.

Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Con	nmission	P.O. Box 12070	Austin	Texas 78711-207	0 (512) 46	3-5800 1-800-325-8506
		TRIBUTIONS LEDGES OR LO	DAN:	<b>S</b>	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	o Guez explains l	now to complete this form.			1 Total pages this	Schedule A1: Af 12
2 FILER NAME	t	when Revez	CH)	OF SALE ANTO	3 ACCOUNT # (E#	nics Commission flers)
4 Date	5 Full name of	CONTRIBUTE CONTRIBUTE		W. 15 A 8:	7 Amount of countribution (\$)	8 In-kind contribution description (if applicable)
5/4/01		1 111 Mes 11/20		3226	10000	
9 Principal occup	pation (Optional)			10 Employer (Option	el)	
Date i /	Full name of	eouse Cortez			Amount of contribution (\$)	In-kind contribution description (if applicable)
4/6/01		Um Antonio,		78230	1000	:   <del></del>
Principal occup	pation (Optional)			Employer (Option	ai)	
Date	Full name of	FORMAR DIMI	nd !	Shaweek	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/28/01	SA	ddress; city; state; zi 130 X 696 000 whaterio, 7 K	0	3269	25000	
Principal occup	pation (Optional)	•		Employer (Options	<b>러</b> )	
Date i	Full name of	SMOVA Blis	5		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/4/01	/	22 Poducik San Antonio, I		18213	50 au	
Principal occup	ostion (Optional)	•		Employer (Option	ni)	
Date	Full name of	Honso Chis	ip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/8/01	pation (Optional)	5243 Rebble Sim Antonio,	Love TX		100	: -
Finispe occur	Assort (Optional)			Employer (Option	<b>-</b> )	
If contri	ibutor is out-o	ATTACH ADDITIONAL f-state PAC, please se				ina requirements.

Employer (Optional)

In-kind contribution contribution (\$) description (if applicable) Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

exas Ethics Con	nmission P.O. Box 12070 Austin	, Texas 78711-2070	(512) 46	3-5800 1-800-325-85
	CAL CONTRIBUTIONS  THAN PLEDGES OR LOANS	<b>S</b>	(FOR FORI	SCHEDULE A1 us c/oh, c/oh-se, sc-c/oh, sc-spac, spac, e spac-se)
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FILER NAME	Bobby Renn	ANTON	ACCOUNT # (EM	ics Commission Sers)
4 Date	5 Full name of contributor Out-of-state PACTION:  1 WWY STWENEZ  6 Contributor address; City, State; Zip Code		Z Amount of sontribution (\$)	8 In-kind contribution description (If applicable)
5/4/01	Gran Antonio TX 76		250	
Principal occup	pation (Optional)	10 Employer (Options	al)	
Date	Full name of contributor out-of-state PAC (IDS:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/15/01	Som fortanio, The ?	8216	500°	: 
Principal occup	pation (Optional)	Employer (Options	al)	
Date	Full name of contributor   out-of-ease PAC (TOK_	rs-PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/01	Contributor address; City; State; Zip Code 401 CN/SON CIRCLE SAN MAYCO 1 7866		5000	
Frincipal occup	pation (Optional)	Employer (Options	N)	
Date	Full name of contributor   out-of-state PAC (IDIE_    State   Contributor address; City, State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/4/1	Spring Bronch TX		50	
Principal occup	pation (Optional)	Employer (Options	M)	
Date	Full name of contributor   out-of-state PAC (IDIT_  JUNES BAS FON!  Contributor address: City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/01	Son Autouro, TX	7823(	5000	• ; -
Principal occur	pation (Optional)	Employer (Options	ni)	
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Texas Ethics Cor	nmission P.O. Box 12070 Austin	Texas 78711-2070	(512) 463	3-5800 1-800-325-8500
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The Instruction	N Guide explains how to complete this form.		OTotal pages this S	ichedule A1: 12 of 12
2 FILER NAME	Estay Very	2001 99 11. A	ACCOUNT # (EM	ics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (IDE)	ALPA C	Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/2/00	6 Contributor address; City; State; Zip Code  1 Valery 91  SAR Antonio, TX 7		[000 a.	
9 Principal occu	pation (Optional)	10 Employer (Optional)		
Date	Full name of contributor out-of-state PAC (IDR:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		! ! !	:
Principal occu	I pation (Optional)	Employer (Optional)		
Date	Full name of contributorout-of-state PAC (IDIt		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		   	
Principal occur	pation (Optional)	Employer (Optional)		
Date	Full name of contributorout-of-state PAC (IDIR		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	:	<u> </u>	
Principal occu	pation (Optional)	Employer (Optional)		
Date	Full name of contributor out-of-state PAC (IDIt:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		<u></u>	<u>.</u>
Principal occu	pation (Optional)	Employer (Optional)		
If contr	ATTACH ADDITIONAL COPIE			ing requirements.

Texas Ethics Co	7,00011,	Texas 78711-2070	(512) 463-5800 1-800-325-85
POLIT	ICAL EXPENDITURES	CITY OF BLUE ANTONIO	SCHEDULE F
Тhe Інэтицст	ON GUIDE explains how to complete this form.	2001 20 15 A 8 55	Total pages Schedule F:
2 FILER NAM	Bubby Pery		ACCOUNT # (Ethics Commission Sters)
4 Date	5 Payee name  M255ALE AusiGNA  6 Payee address; City: State: Zigl	A	7 Amount (\$)
4/26/01	Austin, TX		1,7500
required.)	SERVICES REAL DEVCE	9 Complete if direct ex Candidate / Officeholder name	penditure to benefit C/OH → Office sought Office held
Date	Payee name  ED GAV24 (Mu Payee address; City; State; Zip C	PAIN	Amount (\$)
4/26/01	Bushowers Som Antonia	21× 78201	\$/000
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	Contribution		
Date	Payee address; City; State; Zip C		Amount (\$)
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2 FILER NAME  Robby Luc  1 Date  S Payee name  US Robby Luc  1 Amount (S)  Payee address: City: State: Zip Code  Umice TrickSPU Sun facture Tk 2001  Required.)  Date  Payee address: City: State: Zip Code  Umice TrickSPU Sun facture Tk 2001  Required.)  Date  Payee address: City: State: Zip Code  Umice TrickSPU Sun facture Tk 2001  Amount (S)  Amount (S)  Purpose of payment (See instructions regarding type of information  Purpose of payment (See instructions regarding type of information  Purpose of payment (See instructions regarding type of information  Purpose of payment (See instructions regarding type of information  Purpose of payment (See instructions regarding type of information  Candidate / Omeaholder name  Office sough  Office  Payee name  Fugure The State TalkSpr  Date  Payee name  Fugure The State TalkSpr  Candidate / Officeholder name  Office sough  Payee name  Repayee name  Repayee name  Payee name  Date  Payee name  Repayee name  Amount  (S)  Amount  (S)  Payee address: City: State: Zip Code  Candidate / Officeholder name  Office sough  Office sough  Amount  (S)	The instructi	ON GUIDE explains how to complete this form.	<b>1</b> To		
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Payee address; City; State; Zip Code  13401 San Allow Translan  Purpose of payment (See instructions regarding type of information required.)  Payee address; City; State; Zip Code  Candidate / Officeholder name  Office sought  Amount (\$)  Candidate / Officeholder name  Office sought  Office	required.)	Postnice	9 Complete if direct experience Candidate / Officeholder name		eid
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Payee address; City; State; Zip Code  250  San Andonio T/  Purpose of payment (See instructions regarding type of information required.)  Date  Payee name  City; State; Zip Code	Date		hou		
Purpose of payment (See instructions regarding type of information required.)	) ,	Payee address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.)	2//30/11			250°0	
Date Payee name    Candidate / Officeholder name   Office sought   Office	Purpose of payri	ment (See instructions regarding type of information			
Date Peyee name    Le locut   Le voca   Payee address; City; State; Zip Code	roqui ag.,	Services	Candidate / Officeholder name		·
Payee activess: City; State; Zip Code	Date				
	-	Ilehest broza	· · · · · · · · · · · · · · · · · · · ·		
	thalas	3027 NAVAJO	<del>-</del>		
901/01 Sin Andonio, TX 78211  Purpose of payment (See instructions regarding type of information to Complete if direct and other than the complete	701/01		18211	500	

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Complete if direct expenditure to benefit C/OH →
Candidate / Officeholder name
Office sought

Office sought

Office held

		•	••
Texas Ethics Co	Austri, reads	s 78711-2070 (E	512) 463-5800 1-800-325-85
POLIT	ICAL EXPENDITURES		SCHEDULE F
		ED ANTONI <b>O</b>	· -
	NON GUIDE explains how to complete this form.	1 Tot	tal pages Schedule F: 9
2 FILER NAM	AE 	1000 BB BB BB F-0	COUNT # (Ethics Commission filers)
4 Date	5 Payee name US Post Mask	Pev	7 Amount (\$)
12/21	6 Payee address; City: State: Zip Code VANCE TACKSON	· · · · · · · · · · · · · · · · · · ·	0-7
8 Purpose of pe	Som Motoria, To	+ 78201	1568
required.)	ryment (See instructions regarding type of information	9 ·· Complete if direct exper Candidate / Officeholder name	nditure to benefit C/OH Office sought Office held
5/5/01	Payee name  Cypress brill  Payee address; City: State: Zip Code  101 SAN Rective A  San An Force TX	18212	Amount (\$)
Purpose of pay required.)	rment (See instructions regarding type of information	→ Complete if direct expen Candidate / Officeholder name	nditure to benefit C/OH Office sought Office held
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5/5/01	Sm Anton	lin io. TX 7822	393 74
Purpose of payi required.)	ment (See instructions regarding type of information	··· Complete if direct expend Candidate / Officeholder name	diture to benefit C/OH Office sought Office held
	Food		•
Date	Smiling Alu	mpi	Amount (\$)

City; State; Zip Code

San Antonio, Th 78201

Purpose of payment (See instructions regarding type of information required.)

→ Complete if direct expenditure to benefit C/OH → Candidate / Officeholder name Office sought

Office held

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T FM 0		•	
POLIT	Commission P.O. Box 12070 Austin, Texas	** 78711-2070 (512 ANTONIO	2) 463-5800 1-800-325-85 SCHEDULE F
	пон Gune explains how to complete this form.	3001 J. 16 1 300 10	ages Schedule F: 9
2 FILER NAM	IE	3 ACCOU	JNT # (Ethics Commission filers)
4 Date	6 Payee address; State; Zip Code  Audin  TX	re lesentation	7 Amount (\$)
required.)	ryment (See instructions regarding type of information vices Rudercd	9 Complete if direct expenditu Candidate / Officeholder name	ure to benefit C/OH Office sought Office held
Date			
5/8/01	Payee address; City; State; Zip Code 255 E. BASSE Sm. Antonio R		Amount (\$)
Purpose of pay	yment (See instructions regarding type of information	Complete if direct expenditure	re to henefit C/OH
	Phone	Candidate / Officeholder name	Office sought Office held
Date	Payee address; City; State; Zip Code  St Mary 3 St	· · · · · · · · · · · · · · · · · · ·	Amount (\$)
5/8/01	Sim Altonia	TH 18205	916 40
required.)	vices lendered	Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH Office aought Office held
		<b>\</b>	

Purpose of payment (See instructions regarding type of information required.)

Complete if direct expenditure to benefit C/OH →

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Texas Ethics Co	Ausun, lex	<b>18</b> 78711-2070	(512) 463-5800	1-800-325-850
POLITI	CAL EXPENDITURES		SCH	EDULE F
	•		4)- []	
The Instruction	он Guide explains how to complete this form.		1 Total pages Schedule F:	F 3
2 FILER NAM		2601 31 15	A 9: 51 5 Comm	
4 Date	5 Payee name SI Brean Pasto		7	Amount (\$)
5/11/01	6 Payoe address; City; State; Zip Cod 100 La TVINI DAD SAN Autonio	Slews TX 78205	- 30	000
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete if direc	t expenditure to benefit C/O	H ੍~
	Donation			
Date	Payee name			Amount (\$)
1 1	Payee address; City, State; Zip Code	They		
5/15/01	Son Antonio	TK 18216	10	200
Purpose of payi required.)	ment (See instructions regarding type of information		expenditure to benefit C/OI  Office sought	1
S	avices			Office held
Date	Payee name Ruben Mungi	a Schlarship Fu	ud A	mount (\$)
5/16/01	Som Motorio	TH 78205	- 25	000
P(irpose of paym required.)	nent (See instructions regarding type of information	Complete if direct of Candidate / Officeholder name	expenditure to benefit C/OH Office sought	Office held
Date	Payee name Continuer Stoom Payee address; City; State; Zip Code	e	•	nount (\$)
5/19	Payee address; City: State: Zip Code 13455 Rd Shu Mu four o	TK	- 374	انان
required.)	ent (See instructions regarding type of information	⇔ Complete if direct e Candidate / Officeholder name	xpenditure to benefit C/OH Office sought	office held
	rypies			

Texas Ethics Co	ommission P.O. Box 12070 Austin, Texas	s 78711-2070 (512)	463-5800 1-800-325-85
POLITI	ICAL EXPENDITURES	CITY OF NAME AND TO UNITED	SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.	288 JUN 15 A	es Schedule F: Cof 9
2 FILER NAM	Billy leng		T# (Ethics Commission filers)
5/19/01	6 Payoe address; City; State; Zip Code St Mmys Sm Anto	8 nco TX 78212	7 Amount (\$)
required.)	rment (See instructions regarding type of information	9 Complete if direct expenditure Candidate / Officeholder name	s to benefit C/OH Office sought Office held
Date	Payee address; City; State; Zip Code		Amount (\$)
5/5/01	Smhodro Sm Portonio	TX 78212	33 23
Purpose of pay required.)	ment (See instructions regarding type of information		to benefit C/OH Office sought Office held
5/5/01	Payee address; City; State; Zip Code		Amount (\$)
Purpose of payr required.)	ment (See instructions regarding type of information	" Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH Office sought Office held
Date	Payer name Alberton	hal	Amount (\$)
5/ 1401	Payee address; City; State; Zip Code  Sturmy 5 St  Smy for Front City; State; Zip Code  Sturmy 5 St  Smy for Front City; State; Zip Code	TL 78212	2929
required.)	/ and access to laborated table or information	Complete if direct expenditure t	o benefit C/OH

Office held

Office sought

Candidate / Officeholder name

Texas Ethics Commission P.O. Box 12070 Austin, Tex	as 78711-2070 (	512) 463-5800 1-800-325-85
POLITICAL EXPENDITURES		SCHEDULE F
	CHY 64 SAULAN	1.0MI <b>0</b>
The Instruction Guez explains how to complete this form.	2001 311 1 A	al pages Schedule F: 8: 5b 7o F 9
2 FILER NAME 4 Date 5 Paves name	Z503 00 a 3 AC	COUNT # (Ethics Commission Sers)
Arebile Mini		7 Amount (\$)
5/0/01 Santa toxio	TF 78212	12122
8 Purpose of payment (See instructions regarding type of information required.)	9 Complete if direct expe Candidate / Officeholder name	nditure to benefit C/OH ↔ Office sought Office held
Storage  Date Payee name		
Date Payee hame	for Children	Amount (\$)
Payee address; City; State; Zip Cod		•••
4/7/01 San Ash	wo K	100 12
Purpose of payment (See instructions regarding type of information required.)	Complete if direct exper Candidate / Officeholder name	oditure to benefit C/OH Office sought Office held
donation		Cinc sugar
	An Joans	Amount (\$)
4/0001 Payor address; City: State; Zp Cook Min Plan Sta for	11 -70 - 1	16 5
Purpose of payment (See instructions regarding type of information required.)  Low Distance Pay feels	Complete if direct expen Candidate / Officeholder name	diture to benefit C/OH Office sought Office held
Date Payee name Comp USA		Amount (\$)
4/17/01 Propositiones: City: State: Zip Code BASSE Ref. Sm. Antoni		485 43
Purpose of payment (See instructions regarding type of information required.)	→ Complete if direct expens Candidate / Officeholder name	liture to benefit C/OH ↔ Office sought Office held
En wishent		<u> </u>

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POLITICAL EXPENDITURES	20117
	CITY SECRETARY ONLO
The Instruction Guize explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME	3 ACCOUNT # (Ethics Commission Sers)
4 Date 5 Payee name A / Rouden	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information	0. Th 18212 22654
required.)  Photo S	9 ← Complete if direct expenditure to benefit C/OH ← Candidate / Officeholder name Office sought Office held
Payee address; City; State; Zip Cod	*
Purpose of payment (See instructions regarding type of information	10,Th 20845
Appention	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •
6/22/01 Son Antonie	v, TX 262°
burpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date Payor name Kinkos  Payor address; Cay; State; Zip Code  Payor address; Sundway  San Antonio	- 469 ED
Purpose of payment (See instructions regarding type of information required.)  Winding	→ Complete if direct expenditure to benefit C/OH → Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED

POLIT	ICAL EXPENDITURES	SCHEDULE F
	•	CITY OF GALL ANTONIO
The Instructi	ON GUIDE explains how to complete this form.	2001 JUI 15 A 2: 51 9
2 FILER NAM	4E	3 ACCOUNT # (Ethics Commission flers)
4 Date 4 Date	6 Payee address; City; State; Zip Code  Chos Pu  Sm Antonio	2. 76
required.)	nyment (See instructions regarding type of information my). Office Expurs	9 ·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held
le/zi/oj	Payee address: City: State: Zip Code  Mysolis  San Autorio	
Purpose of pay required.)	yment (See instructions regarding type of information	→ Complete if direct expenditure to benefit C/OH →
Ho	ulvz	Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date	Payee laddress; City; State; Zip Code	Amount (\$)
Purpose of pavi	ment (See instructions regarding type of information	
required.)	ATTACH ADDITIONAL COPIES	Complete if direct expenditure to benefit C/OH Condidate / Officeholder name Office sought Office held  S OF THIS FORM AS NEFDED

### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

	ne C/OH INSTRUCTIO	N GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3	CANDIDATE / OFFICEHOLDER	TITLE FIRST	MI	OFFICE USE ONLY
:	NAME	COUNCILLAN BUBY	SUFFIX	Date Received
4	CANDIDATE / OFFICEHOLDER ADDRESS	POBOX 5344	ITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
	Change of Address	SAN ANTONIO, TX	78201	Date Parity-delivered of Date Postinarized
5	CAMPAIGN TREASURER	TITLE FIRST	МІ	Bassial #
	NAME	NICKNAME LAST	SUFFIX	Receipt # Amount  Date Processed
		Missenger		Date Imaged
6	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUIT 3481 FIZEDIZICKS DU DAN AUTUNIO TX	ug RD.	ZIP CODE  REC CITY OFFS 2001 APR:
7	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	20 CELVE
	PHONE	(210) 938-4945		U <b>契</b> 素 b
8	REPORT TYPE	January 15 30th day before election		15th day after campaign treasure appointment (officerojder only)
Ļ		July 15	Exceeded \$500 limit  Month Day	Final report (Attach C/OH - FR)  Year
9	PERIOD COVERED	4 /4 /0   THROL		
10	ELECTION	ELECTION DATE  Month  Day  Year  Frimary		Señeral Z-Special
11	OFFICE	OFFICE HELD (if any) Caty Council Dist.	12 OFFICE SOUGHT (If know	id Dist 1
13	NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign exper Candidates are required to disclose this information o		
	EXPENDITURE BY OTHER INDIVIDUALS	Name Name		<u>-</u>
	additional pages	Address / PO Box; Apt. / Suite #; City; State; 2	Zip Code	
		go то і	PAGE 2	

### **CANDIDATE / OFFICEHOLDER REPORT:** SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

			JOVEN GILLI PO E
14 C/OH NAME			15 ACCOUNT #(Ethics Commission filers)
16 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate from the process of such expenditures.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME  **Notice   Committee   Com	2001 I
	GENERAL	COMMITTEE ADDRESS	PR 2
	SPECIFIC	NA COMMITTEE CAMPAIGN TREASURER NAME	26
additional pages		UA COMMITTEE CAMPAIGN TREASURER ADDRESS	TO RESTOR
		N A	31
17 NO REPORTABLE ACTIVITY	Check here if r	no reportable activity occurred during this reporting period. (Sign affidavit beli	ow and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,085
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ —
	4. TOTAL	POLITICAL EXPENDITURES	\$ 20049°C
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$
19 AFFIDAVIT			
		I swear, or affirm, under penalty of point is true and correct and includes all in me under Title 15, Election Code.	
No. 10 A	A GUEZ	Signature of Candid	date or Officeholder
Sworn to and Supply	ES Part e me, by	the said Bothy Pue	, this the 26th day
of <u>(4)</u> , 2	0 <u>0  </u> , to cer	tify which, witness my hand and seal of office.	
Signature of officer add	ministering of h	Printed name of officer administering dath Title	tary Public e of officer administering oath

P.O. Box 12070

#### SCHEDULE A1

OTHER	OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)					
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this S	Schedule A1		
2 FILER NAME	Bobby PEREZ		3 ACCOUNT # (Eth	ics Commission filers)		
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:_  Cich Auc > EVANS  6 Contributor address; City; State; Zip Code  315 TETRIEL □ RO		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
4/4/61	SAN ANTONIO, TX 7820	(	\$ 50°C			
9 Principal occup	pation (Optional)	10 Employer (Option:	al)			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)		
4/4/01	315 TERRELL P.D. SAN ANTONIO, TX 78.		\$5000	C11 200		
Principal occur	pation (Optional)	Employer (Optiona	ai)	<b>3</b> 002		
Date	Full name of contributor out-of-state PAC (ID#_ T. C. TVOST  Contributor address; City; State; Zip Code P. O. BOX 1600  SAN ANTONIO TX 786	296	Amount of contribution (\$)	In-kind conditions (if-expendente)  description (if-expendente)  ANTONIO  3.3		
Principal occup	oation (Optional)	Employer (Optiona	ai)			
<b>Date</b> 4444	Full name of contributor out-of-state PAC (ID#_  Cick (Ly NA  Contributor address; City; State; Zip Code  1 C 10 1 Recurrent The  Sha Antonio, TK 76		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occup	pation (Optional)	Employer (Optiona	al)			
14 U (0 )	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occup	pation (Optional)	Employer (Options	al)			

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Principal occu	pation (Optional)  SAN ANTONIO, 12 18 UC	nployer (Optional)	! 
Date	Full name of contributor	) Amount of contribution (\$)	In-kind contribution description (if applicable)
11/01	Contributor address; City; State; Zip Code  11.38 E. COMMERCE	- 2500	   

Principal occupation (Optional) Employer (Optional)

Date Amount of In-kind contribution contribution (\$) description (if applicable)

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#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

	OTTL	THAN ELDOES SK LOANS		•	SC-SPAC, SPAC, & SPAC-SS)
	The Instruction	GUIDE explains how to complete this form.	1	Total pages this \$	Schedule A1
2	FILER NAME	Bobby Parez	3	ACCOUNT # (Eth	ics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:  A. Approximately Section of Contributor address; City; State; Zip Code  1/204 CARRENOLAIC  SAN PARTONIO, THE	scia (som	Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9	Principal occu	pation (Optional)	Employer (Optional)	)	
	Date  U [[ D]	Full name of contributor Quit-of-state PAC (ID#:  CAPLOS RESLUCIES  Contributor address; City; State; Zip Code  (1835 E. Beverly 1)  SAN Antonio (TK)	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occu	pation (Optional)	Employer (Optional)		口翼的
	Date  4   [   0	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (f.applicable)
	Principal occup	pation (Optional)	Employer (Optional)	•	
	Date  U(0)	Full name of contributor out-of-state PAC (ID#	5 V	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occu	pation (Optional)	Employer (Optional)	)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occu	pation (Optional)	Employer (Optional)	)	
		ATTACH ADDITIONAL COPIES	OF THIS FORM AS	S NEEDED	

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

### SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

OTHER	SC-SPAC, SPAC, & SPAC-SS)			
The Instruction Guide explains how to complete this form.			1 Total pages this Schedule 71:	
2 FILER NAME	Bobby Perey		3 ACCOUNT # (Et	nics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:  CSMINALL Flowes  6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
anol	117 Waymouth Sanfartonio, TX 7	842	30	
9 Pfincipal occup	pation (Optional)	10 Employer (Option	nal)	C1T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In find contribution description (if expolicable)
4/11/01	- 34 Buender Av SAN ANTONSO TX	'l	4750	VED ON LERK
Principal occup	pation (Optional)	Employer (Option	al)	31
Date	Full name of contributor Out-of-state PAC (ID#:  CABING TOUGES  Contributor address; City; State; Zip Code  2701 STAN REA  SAN ANTONIO, TX	dro_	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	L `	
Date	Full name of contributor   out-of-state PAC (ID#_  / Hector Canden As  Contributor address; City; State; Zip Code  539 W. S/Since C	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/11/01	San Intervio TK pation (Optional)	Employer (Option		
Timaparoccij		Zimployer (opposi		
Date  U () (d	Full name of contributor Out-of-state PAC (ID#:  Trank Espinizar  Contributor address; City; State; Zip Code  736 W French		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occuj	pation (Optional)	Employer (Option	al)	

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## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

OTHER	THAN FLEDGES OR LOAN.	3	·	SC-SPAC, SPAC, & SPAC-SS)
The Instruction	GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAME	Bobby Pover		3 ACCOUNT # (Et	nics Commission filers)
4 Date	5 Full name of contributor  out-of-state PAC (ID#:	av	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/18/01	424 Westwood SANANTONIO, TE	Dv. 78212	50°0	RECE OF SA OFTY
9 Principal occur	pation (Optional)	10 Employer (Option	al)	T SEE
Date	Full name of contributor out-of-state PAC (ID#_  Stack Sec. A.  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/18/01	323 BoxOAK Sm Autorio.TK	78236	1000	<u> </u> 
Phincipal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/18/17/	POBOX 7608	<i>320</i> 7	1000	
Principal occup	pation (Optional)	Employer (Option	ai)	
Date	Full name of contributor out-of-state PAC (ID#_	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/18/01	2 INWOOD Knol SAN Patouis, TX	( 78248	200	
Principal occur	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#_  SmcLey Actuary  Contributor address; Otty; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/18/11	Santa touis, TX	7E232	(00	÷ · ·
Principal occup	pation (Optional)	Employer (Option	al)	

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#### SCHEDULE A1

OTHER THAN PLEDGES OR LOANS  (FOR FORMS CION, CIONSS, SCEJON,				
The Instruction Guide explains how to complete this form.			1 Total pages this Schedule A1:	
2 FILER NAME	Beliby Peru		3 ACCOUNT # (Et	nics Commission filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID#_  TWO AS DAX MACKE  6 Contributor address; City; State; Zip Code  14607 Bluff Maxxx	`	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/19/01	Sm Antonio, 7x	78216	100	
9 F{rincipal`occup	pation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor out-of-state PAC (ID#_  Settle Settle PAC (ID#_  Contributor address; City; State; Zip Code  2223 ENCINC Conf		Amount of contribution (\$)	description (if appliesable)
4/19/01	SAN Automio , TX 7	8259	160	D型型
Principal occup	pation (Optional)	Employer (Option	al)	U.V.
Date :	Full name of contributor out-of-state PAC (ID#_  Carrie CACA  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/19/01	1130 SARTA CLAVA MANION, TX	78124	10000	
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#_  VAVED US QUEZ  Contributor address; City; State; Zip Code  300 (an Cerro)		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/19/07	Son provid 78216		500	
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#_  Phillip PARAM  Contributor address; City, State; Zip Code  216 Lümant Mrc.		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/19/61	SAN ANTONIO, TX	18209	100	 
Principal occup	pation (Optional)	Employer (Option	al)	

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## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

SC-SPAC, SPAC, & SPAC-SS)					
The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages this Schedule A1:		
2 FILER NAME	Bolley Pers		3 ACCOUNT # (Et	nics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_ CEC of TEXA3  6 Contributor address; City; State; Zip Code  400 W 154 h St £820  Austin TX 78701		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9 Principal occup	pation (Optional)	10 Employer (Option	al)		
Date	Full name of contributor out-of-state PAC (ID#_  TUNNED Collie British  Contributor address; City; State; Zip Code	(A)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/6/01	POBOX 130089 Houston TX ?		200"	CITY 2001	
Principal occur	pation (Optional)	Employer (Option	al) 	R CFR	
Date	Full name of contributor out-of-state PAC (ID#:	10 th from	Amount of contribution (\$)	description (Father)	
4/6/01	Houston, TX 770		210		
Principal occup	pation (Optional)	Employer (Options	al)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/12/01	11434 Whispu DAWN SAN ANTONIO, TK 78	230	18000		
Principal occup	pation (Optional)	Employer (Options	al)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/2/01	Som Habaio, TX	78213	200	÷	
Principal occup	pation (Optional)	Employer (Options	al)		

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#### SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,

OTHER THAN PLEDGES OR LOANS SC-SPAC, SPAC, & SPAC-SS)				
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this 8	Schedule A1:
2 FILER NAME	Bebly New -		3 ACCOUNT # (Et	nics Commission filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#_ DOW DUNDEN  6 Contributor address; City; State; Zip Code  UII FM 473  COUNTRY TX 7801		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#_ Phillip King Contributor address; City; State; Zip Code 4643 Green Willo San Antonio TX		Amount of contribution (\$)	In-kind contribution description (if applicable)  CTYOF
Principal occup	pation (Optional)	Employer (Options	al)	SAN SAN CL 2b
Date Lilylol	Full name of contributor out-of-state PAC (ID#_  Cherker Drash  Contributor address; City; State; Zip Code  15322 PEBBLE DE  Smhrtuni 277K	l l	Amount of contribution (\$)	In-kind contribution description (frampicable)
Principal occup	pation (Optional)	Employer (Options	al)	
Date	Full name of contributor out-of-state PAC (ID#:	1 10001100 1	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Dation (Optional)	Employer (Optional	al)	
Date	Full name of contributor out-of-state PAC (ID#	AC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal	SAN Autorio, TX	Employer (Options	520	
r in upai occup	ATTACH ADDITIONAL COPIES			

1-800-325-8506

	POLITIC	CAL EXPENDITURES			SCHEDULE F
	The Instruction	Guide explains how to complete this form.		1 Total pages	Schedule F:
2	FILER NAME	Behby Perez		3 ACCOUNT	# (Ethics Commission filers)
4	Date	5 Payee name	l		7 Amount
•		LA TVINIDAD			(\$)
		6 Payee address; City; State; Zip Code			
	1/	<u> </u>			en c <sup>2</sup> )
	4/4/01	311 S. Peres LA Triniono	Staffakoni 114	18415	500
8	Purpose of payr required.)	ment (See instructions regarding type of information	9 •• Complete if dire		to benefit SOH • C
					R STREET
	Date	Payee name			O'Amount
		Thomas Muillian	· · · · · · · · · · · · · · · ·		り、製造
		Payee address; City; State; Zip Code			بب <u>و</u>
	1. 61	Payee name  Thurks Aprillian  Payee address; City; State; Zip Code  535 W. MAY TULKA	20010		( O O O
	7/7/01	Sun Artonia TK	1842		70
	Purpose of payer required.)	ment (See instructions regarding type of information	<ul> <li>Complete if direction</li> <li>Candidate / Officeholder na</li> </ul>	•	to benefit C/OH •• Office sought Office held
	Ser	villes Rendered			
	Date	Payee name	01.1		Amount
		Chunchill Biss. C.  Payee address; City; State; Zip Code	v Club		(\$)
	1 ,	Blance Ro			20000
	4/12/01	SAN Antonio TK	78216		
	Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
	Spen	usurship Fees			Ţ
	Date	•			Amount
	Date	Payee name  Carte Menagen  Payee address; City; State; De Code  4730 SE Corp	tof 7K		(\$)
		Payee address; City, State; Zip Code			
	1/	4730 St Coop	410	<u>-</u>	ن د
	4/13/01	San Antonio, TX	78222		500
	Purpose of payrequired.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
	Sponsorthis teen for Tundriser				
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POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME Problem / DON'S A	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee frame  Wesself Andlende Wesentation  6 Payee address; City; State; Zip Code  2400 5.44h St	7 Amount (\$)
9/17/01 Austin TX 78704	1720000
required.) Candidate / Officeholder r	rect expenditure to benefit C/OH •• name Office sought Office held
Services Cuclered  Date Payee name	<b>≥</b> mount Ω
Payee address; City; State; Zip Code	RECEIVE OF SAN A CITY OLE
	rect expenditure to benefit C/OH).
Servius Rendered.	name Office sought S
Date Payee name  United States Post Office  Payee address; City; State; Zip Code  Vance Face Sour Rd	Amount (\$)
[1/9/c1 Som Automio, TX 78201	807
Purpose of payment (See instructions regarding type of information required.)  • Complete if di Candidate / Officeholder	irect expenditure to benefit C/OH •• name Office sought Office held
Date Payee name Latarity Cost Payee address; City; State; Zip Code	Amount (\$)
4/21/0 San Antonio, TX	300
Purpose of payment (See instructions regarding type of information required.)  • Complete if d Candidate / Officeholder	irect expenditure to benefit C/OH •• name Office sought Office held

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POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME Bubby Perry	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name 1  Strui Struiger -  6 Payee address; City; State; Zip Code	7 Amount (\$)  78212 22.53
Purpose of payment (See instructions regarding type of information required.)  Fund for Walker 5	Complete if direct expenditure to benefit C/OH      Candidate / Officeholder name
Payee name  Mail Bux Efc  Payee address; City; State; Zip Code  1 Dh Ma Coullagh  Sin Autri 7 TX 7	
required.)  Postage	Complete if direct expenditure to benefit C/OH     Candidate / Officeholder name     Office sought     Office held
Payee address; City; State; Zip Code  221 N. St. Marry's  Purpose of payment (See instructions regarding type of information / required.)	Amount (\$)
Tuel	
Payee name    Continues     Co	- Complete if direct expenditure to benefit C/OH Candidate / Office hold
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POLITICAL EXPENDITURES		SCH	EDULE F
The Instruction Guide explains how to complete this form.		Total pages Schedule F:	
2 FILER NAME Bulby Percy	3	ACCOUNT # (Ethics Comm	
4 Date 5 Payee name EXXON		7	Amount (\$)
6 Payee address; City; State; Zip Code 1108 Egg San Re San Antonio, TX	dvo 18212	24	44 CIT
Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct of Candidate / Officeholder name	expenditure to benefit C/C Office sought	RECEIVE OF SAIN OFTY CLE
Payee name,  Omes Mary Cu 3  Payee address; City; State, Zip Code	; ;		NTONIO RK RK 563: 32
4/13/01 Sm Antonio TX	78212	6	32
Purpose of payment (See instructions regarding type of information required.)	Complete if direct Candidate / Officeholder name	expenditure to benefit C/C Office sought	Office held
required.)			
Date Payee name  Lato Cotan K  Payee address; City; State; Zip Code  Payer Augustic Code  Payer Augustic Code	Candidate / Officeholder name	Office sought	
Date Payee name  Taxo CAMA  Payee address; City, State; Zip Code	Candidate / Officeholder name	Office sought	Amount (\$)
Date  Payee name  Lato Colombia  Payee address; City, State; Zip Code  Purpose of payment (See instructions regarding type of information required.)  Date  Payee name  Payee address; City, State; Zip Code  City, State; Zip Code  City, State; Zip Code	Candidate / Officeholder name	expenditure to benefit C/C	Office held  Amount (\$)  Office held  Amount (\$)
Date  Payee name  Lato Catana  Payee address; City, State; Zip Code  Gara Involvations  Purpose of payment (See instructions regarding type of information required.)  Date  Payee name  Payee name  Payee name  Payee name	Candidate / Officeholder name	expenditure to benefit C/C	Amount (\$)  Office held  Amount
Date  Payee name  Lato Colonia  Payee address; City, State; Zip Code  Purpose of payment (See instructions regarding type of information required.)  Date  Payee name  Payee name  Payee address; City, State; Zip Code  Furpose of payment (See instructions regarding type of information frequired.)  Purpose of payment (See instructions regarding type of information frequired.)	Candidate / Officeholder name  **Complete if direct Candidate / Officeholder name	expenditure to benefit C/C Office sought	Office held  Amount (\$)  Office held  Amount (\$)
Date  Payee name  Lato Chank  Payee address; City, State; Zip Code  Purpose of payment (See instructions regarding type of information required.)  Date  Payee name  Payee name  Payee address; City, State; Zip Code  Farmath  Payee address; City, State; Zip Code  State  State  Payee address; City, State; Zip Code  State  Purpose of payment (See instructions regarding type of information)	Candidate / Officeholder name  **Complete if direct Candidate / Officeholder name  **Complete if direct Candidate / Officeholder name	expenditure to benefit C/C Office sought	Office held  Amount (\$)  Office held  Amount (\$)

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME Public las	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name Scuthwister in Bell 6 Payee address; City; State; Zip Code  4/21/01 San Antonio, Tt	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)  9 Complete if dir Candidate / Officeholder no	ect expenditure to benefit C/OH Combo held Office sought S
Payee name Sur Bur jus  Payee address; City; State; Zip Code  Grayson H  Sur Janua TX 78212	ANTONIO ANTONIO S D 3: 022
)770 1770 (0.00)	rect expenditure to benefit C/OH •• ame Office sought Office held
Date Payee name Albertson >  Payee address; City; State; Zip Code  121 St. Mary:  San Antonio, Tt. 78212	Amount (\$)
	rect expenditure to benefit C/OH •• ame Office sought Office held
Date Payee name  Linkos,  Payee address; City, State; Zip Code  8227 Brown My  Son Av towio, Th	Amount (\$) - (\$)
Purpose of payment (See instructions regarding type of information * Complete if dir required.)  ATTACH ADDITIONAL COPIES OF THIS FORM AS N	

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POLITIC	CAL EXPENDITURES		SCHEDULE F
The Instruction	GUIDE explains how to complete this form.	1 Total page	s Schedule F:
2 FILER NAME	Rubby Rie .	3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name Winkus		7 Amount (\$)
4/19/01	6 Payee address; City; State; Zip Code	K	1303.66
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 •• Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH •• Office sought Office held
Date	Payee nathe  KAT k. 4, 5 Strum 5  Payee address; City; State; Zip Code		Amount (\$)
4/23	Sm Autorio, TX	782	A CONTRACTOR OF THE PROPERTY O
required.)	ment (See instructions regarding type of information	<ul> <li>Complete if direct expenditure Candidate / Officeholder name</li> </ul>	office sought Profite held
Date 4/23	Payee name  Kinkon  Payee address; City; State; Zip Code  8227 Brend  Sm Antonio,	-mg TX 78209	32 Amou <b>rs</b> (s)
Purpose of pay required.)	ment (See instructions regarding type of information  // You't Expluses	Complete if direct expenditure Candidate / Officeholder name	
Date 4(23	Payee name  EXXON  Payee address; City; State; Zip Code  100 Sin Rediro  San habito TK	- 78Z	Amount (\$)
Purpose of pay required.)	Track Applitional CORE	Complete if direct expenditur Candidate / Officeholder name	e to benefit C/OH •• Office sought Office held
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Austin, Texas 78711-2070

POLITICAL EXPEN	DITURES			SCHEDULE F
The INSTRUCTION GUIDE explains how	to complete this form.		1 Total pages Sche	dule F:
2 FILER NAME Robbe	levery		3 ACCOUNT # (Eth	ics Commission filers)
4 Date 5 Payee name (	City; State; Zip Code  OLices Or	200 - 10		Amount (\$)
8 Purpose of payment (See instructions required.)  Supplies	AN MICHOLO, CA	782 (7 9 ··· Complete if di Candidate / Officeholder r	rect expenditure to be ame Office :	nefit C/OH ••
Payee name.  Payee address;	City; State; Zip Code Value An tomia TX	Tackson 18201		A AMOUNT ON THE PROPERTY OF TH
Purpose of payment (See instructions required.)			rect expenditure to be lame Office	nefit C/OH •• sought Office held
Date Payee name	Sme & Bruser City, State; Zip Code Gryper St Sm. Antonic, TX	70212		Amount (\$)
Purpose of payment (See instructions required.)			rect expenditure to be name Office	nefit C/OH •• sought Office held
Date Payee name Payee address;	City, State; Zip Code	182		Amount (\$)  220
Purpose of payment (See instructions required.)	yuzo	Candidate / Officeholder		enefit C/OH •• sought Office held
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POLITICAL EXPENDITURES				DULE F
The Instruction	GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME	Bubby Pener		3 ACCOUNT # (Ethics Commiss	sion filers)
4 Date	6 Payee address; City; State; Zip Code 2400 S 444 St	ce Nonth- 78704		mount (\$)
required.)	ment (See instructions regarding type of information	9 ·· Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH ame Office sought	Office held
Date a.	Payee name			mount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit COPH ame Office sough	Office held
Date	Payee name  Payee address; City; State; Zip Code		بي بي 32	IVED LEANTONIO
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH ame Office sought	Office held
Date	Payee name  Payee address; City; State; Zip Code		- A	mount (\$)
Purpose of pay required.)	rment (See instructions regarding type of information  ATTACH ADDITIONAL COPIE	Candidate / Officeholder n	-	Office held
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### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET DG 1

CAMITAIG	THANGE REFORE	COVER SHEET PG T		
The C/OH INSTRUCTA	ON GUIDE explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	COUNCILMAN Pophby T	OFFICE USE ONLY		
IVAIVE	NICKNAME LAST ( SUFFIX	Date Received		
4 CANDIDATE/ OFFICEHOLDER	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE  PO BOX 5344	AR -		
ADDRESS  Change of Address	Carlostania TV 20001	Date Hand-delivered of Date Restination		
5 CAMPAIGN TREASURER NAME	TITLE KENTN S	2: ON Property # Amount		
	NICKNAME LAST SUFFIX  MUSSENGER	Date Processed  Date Imaged		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY: STATE;  3481 FRED ricks burg Rd  SAN ANTONIO, TX 78201	ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 938.4945			
8 REPORT TYPE	January 15	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH 4/4	/ O		
10 ELECTION	ELECTION DATE  Month  Dey  Year  T  Primary  Runoff  Primary	General Special		
11 OFFICE	OFFICE HELD (18 any) City Down al 1) 1st / City Commai			
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the can     Candidates are required to disclose this information only if they receive notification of the direct			
EXPENDITURE BY OTHER INDIVIDUALS	x/A	<u></u>		
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code			
GO TO PAGE 2				

	POLITICAL EXPENDITURES	SCHEDULE F
		1 Total pages Schedule F:
	The Instruction Guide explains how to complete this form.	1 15
2	FILER NAME Bobby HEEZ	3 ACCOUNT # (Ethics Commission flers)
4	Date 5 Payee name SAN ANTONIO OBSENCER	7 Amount (\$)
	6 Payee address; City; State; Zip Code	
	1/3/01 San Antonia TX	210
8	Purpose of payment (See instructions regarding type of information required.)  9	lirect expenditure to benefit C/OH name Office sought Office held
	Aoverfising	
-	Date Payee name	Amount (\$)
	Payee address; City; State; Zip Code	2001
		33.76
	1/17/01 San Diego, Calit	direct expenditure to benefit C/OH
	required.) Candidate / Officeholder	
	Cellulour Service	2: 2
	Date Payee name  LMNBOW Shirts  Payee address; City; State; Zip Code	Amount (\$)
	1/17/01 2811 StMays Street Santitionio	
	Purpose of payment (See instructions regarding type of information Complete if required.) Candidate / Officeholde	direct expenditure to benefit C/OH ** r name Office sought Office held
	Gift to Staff	
	Date Payee name  H. Trances Curch  Payer artifess: City: State: Zip Code	Amount (\$)
	1/17/01 1006 San Casimiro St. 78	214 50 a
	Purpose of payment (See instructions regarding type of information required.)	f direct expenditure to benefit C/OH ↔ br name Office sought Office held
H	ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED

POLITICAL EXPENDITURES	SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.  2 FILER NAME	1 Total pages Schedule F:  4   5   3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name	7 Amount (\$)
required.) Candidate / Officeholder r	32.33 78204_ irect expenditure to benefit C/OH ==
Celleul By Savi Cs  Date Payee name	Amount (\$)
, apass 5, payment (200 mars and 200 mars)	140, 27
Candidate / Officaholder	1 APR
Payee address; City: State: Zip Code  2/14/0/ 70 NE Loop 410 Ste. 350 San Antonia.	Amount & C.
Purpose of payment (See instructions regarding type of information required.) •• Complete if d Candidate / Officeholder	lirect expenditure to benefit C/OH ↔ name Office sought Office held
Event Fees:	
	direct expenditure to benefit C/OH Office sought Office held
Candidate / Officeholder  Cellular Sevice  ATTACH ADDITIONAL COPIES OF THIS FORM AS	

POLITICAL EXPENDITURES	SCHEDULE F		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F: 3/5		
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)		
4 Date 5 Payee name  Security Cycle  6 Payee address; City; State; Zip Code	7 Amount (\$)		
2/13/01 7325 Broadway Sanfuto			
8 Purpose of payment (See instructions regarding type of information required.)  EXAMMS	9 · · Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office sought Office held		
Date Payee name Albutsuns	Amount (\$)		
Payee address; City; State; Zip Code  2/13/11/224 5. St. Mary'S St  HWY 281 San Anton	2007		
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH → Candidate / Officeholder name  Office sought  Office lought		
Fuel Expenses	PH PR		
Date Payee name  Why Man +  Payee address; City; State; Zip Code	Amount 29 (\$)		
2 13/01 8500 Jones Maltsberge	2- Santaton: 0 TX 78209 79 12		
Purpose of payment (See instructions regarding type of information required.)  Supplies:	Complete if direct expenditure to benefit C/OH      Candidate / Officeholder name Office sought Office held		
Payee address; City; State; Zip Code	Amount (\$)		
2/13/01/8421 AWY281 Southit	onio 7x 782		
Purpose of payment (See instructions regarding type of information required.)  Supply Company of the company of	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES	SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
2/20/01/01/01 W. Frio San Autorio, T	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)  Low 12 i hut on	9  → Complete if direct expenditure to benefit C/OH → Candidate / Officeholder name Office sought Office held
Payee name U.S. Post Office  Payee address; City; State; Zip Code.  2/21/01 Laurel Heights Branch  San Antoni	APPR 25
Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
Payee address; City: State: Zip Code  2/21/W 2826 Vance Jackson  San Anton	Amount (\$)  32.31
Purpose of payment (See instructions regarding type of information required.)  Services Mude A	Complete if direct expenditure to benefit C/OH → Candidate / Officeholder name Office sought Office held
Payee address; City; State; Zip Code  2/21/01 San Antonio	Amount (\$)  TX 78211
Purpose of payment (See instructions regarding type of information required.)  Court is bush or	Complete if direct expenditure to benefit C/OH ↔ Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES	SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name	7 Amount
Gity of Son Intonio	(\$)
6 Payee address; City; State; Zip Code	65
2/23/01 Minim Place 78205	9
required.) Candidate / Officeholder	irect expenditure to benefit C/OH name Office sought Office held
Reinsburge Mone Expenses	
Payee name Epison High DTA	Amount (\$) 22
Payee address; City; State; Zip Code	
	50 1
2/2401 101 Souta Monica Sun Antonio,	TX 79alx 2 5
Purpose of payment (See instructions regarding type of information Complete if c required.)  Candidate / Officeholder	irrect expenditure to benefit C/OH Office sought Office helds
Bonation	20
Date Payee name / ka Alankui On ea /	Amount (\$)
Payee address; City; State; Zip Code	
3/25/0 535 W. Magnolia	10154
San Antonio TX 78212	
required.) Candidate / Officeholder	firect expenditure to benefit C/OH → name Office sought Office held
Services Newdered	
Date Paymename US Postal Service	Amount (\$)
Payee address; City; State; Zip Code	- 124,40
2/27/00 Laurel Heights Branch San Antonio	TX 788R /71
required.) / Candidate / Officeholde	direct expenditure to benefit C/OH name Office sought Office held
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Texas Ethics Commission

POLITICAL EXPENDITURES	SCHEDULE F		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:		
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)		
4 Date 5 Fayee name  Mry Fines St. Wanner  6 Payee address; City; State; Zip Code	Shetter 7 Amount (5)		
2/28/01/316 Martinez San Anto	nio Tx 78205 250 00		
8 Purpose of payment (See instructions regarding type of information required.)  Out in but on.	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Payee address; City; State; Zip Code.  3/1/01 535 W. Magnolia Can A	Amount (5) 200 - 5 10114 1200 - 5 1200		
Purpose of payment (See instructions regarding type of information required.)  **Derivices Audiend**	Complete if direct expenditure to benefit C/OH TO COMPLET AND CONTROL OF CONTROL O		
Payee address; City; State; Zip Code	6-2-1 Complies Amount (8)		
Purpose of payment (See instructions regarding type of information required.)  Shipts	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
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Austin, Texas 78711-2070

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name Alied Anverting 6 Payee address; City; State; Zip Code	1
3/10/01 3700 Blancokd 2	En Antonio, TK 782P2 1500°C
8 Purpose of payment (See instructions regarding type of information required.)  Signs Aby w (75)	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Payee address; City; State; Zip Code	Amount (\$)
3 160 2826 Vance Jackson Sau  Purpose of payment (See instructions regarding type of information	Autonia, TX 78212 40.31. 5
Services Pendend	Candidate / Officeholder name Office sought Office held S
Payee address; City: State: Dzip Code  3/(6/01 536 W. Magnolia San A.	MONIO, TX 78212 53
Purpose of payment (See instructions regarding type of information required.)  Suvices Rendered	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Payee address; City; State; Zip Code	Services Amount (\$)
	Sun Antonio TX 18212 28152
Purpose of payment (See instructions regarding type of information required.)  Posture for that (out	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
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2 FILER NAME			3 ACCOUNT#	Ethics Commission filers
4 Date 5 Payee name	nel S. Perey		7	Amount (\$)
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8 Purpose of payment (See instructions required.)		T	rect expenditure to	benefit C/OH ce sought Office held
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3/20/01 435W S	1 / 1	oulo TX 7	8209	138.5
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			T	Amourk
Payee name Payee address;	City; State; Zip Code			0N10
3/20/01 11543 h	lest. Are Sant	ntonio TX 7	8213	24 79
Purpose of payment (See instructions required.)	egarding type of information	Complete if di Candidate / Officeholder r	irect expenditure to name Of	benefit C/OH ↔ Ice sought Office held
Supplie	2			
Date Payee name	visky			Amount (\$)
Payee address;	City; State; Zip Code	· [	<u>-</u>	3386
Purpose of payment (See instructions	Data Dillo, Lal	"Complete if di	irect expenditure to	benafit C/OH ↔
required.)  Cellula Suri	•	Candidate / Officeholder		lice sought Office held
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2 FIL	ER NAME	3 ACCOUNT # (Ethics Commission flers)
4 5	ate 5 Payee name  Wing Miri  6 Payee address; City; State; Zip Code	7 Amount (\$)
	16707 N TH 35 San Artono cose of payment (See instructions regarding type of information ired.)  Storage Tee S	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
3/	Payee address; City; State; Zip Code  21/01 820 Rector  San Anton	10 TX 78216 2 89 .53
	pose of payment (See instructions regarding type of information ired.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
3 / Pur	Payee name  Payee address;  City; State; Zip Code    2  0  1430 Fredericks bus  pose of payment (See instructions regarding type of information pired.)	7937
	617-13	
3/2	Payee address: City; State: Zip Code  201 6301 N.W. Loop 410  Central Park Mall San A  pose of payment (See instructions regarding type of information uired.)  Equipment Took Many	
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POLITICAL EXPENDITURES	SCHEDULE F
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name leno 6 Payee address; City; State; Zip Code	7 Amount (\$)
7/20/01 435 Souset Santaton	OTX 78209 26800
8 Purpose of payment (See instructions regarding type of information required.)  Stypular	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office heldo
Payee address; City; State; Zip Code	Amount SAN ANI ONIO
Purpose of payment (See instructions regarding type of information required.)  Symptoms  Symptom	
Payee address; City; State; Zip Code  3/22/01 2004 SGL Mossy's St. South	Intorio TX 78212 25.02
Purpose of payment (See instructions regarding type of information required.)  Tuel	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Payee name Office MAX  Payee address: City; State; Zip Code  3/22/01 The Quarry Sur Antonio  Purpose of payment (See instructions regarding type of information required.)	- Bb (%
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POLITICAL EXPENDITURES	SCHEDULE F
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
Date 5 Payee name  Surges  6 Payee address: City: State: Zip Code  3 20 E bryson Sun Antonio TX 785	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.) — Complete if disconnection Candidate / Officeholder in	rect expenditure to benefit C/OH - Office held
Food Expense	APR -
Date Payee name Christ the Kery Ching Payee address; City; State; Zip Code.	Amount CLERK
3/23/01/ 26/9 Perez St Santatonio, TX -	782C7 50°°°.
Purpose of payment (See instructions regarding type of information required.)  Candidate / Officeholder n	rect expenditure to benefit C/OH ↔ Lame Office sought Office held
Date Payee name SUBSET Sprint  Payee address: City: State: Zip Code  3/23/1/ 255 E Bass The Quarry San Antonio, TX 78	Amount (\$) -209 382 <sup>79</sup>
	rect expenditure to benefit C/OH
Payee name Allied Aprentising Payee address: City: State: Zip Code  3700 Blancold Sur Andrew 7	Amount (\$)  162623
Purpose of payment (See instructions regarding type of information required.) •• Complete if discondidate / Officeholder in	rect expenditure to benefit C/OH ** same Office sought Office held
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POLITIC	CAL EXPENDITURES		SCHEDULE F
The Iнstruction	N Guide explains how to complete this form.	1 Total page	s Schedule F:
2 FILER NAME	E	3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name  Wohi & Mini 6 Payee address; City; State; Zip Code  16707 N.I.H 35 Sam Aut	onio 78/54	7 Amount (\$)
required.)	ment (See instructions regarding type of information	9 Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
3 24/4/	Payee name  LluSon  Payee address;  City; State; Zip Code	onio TX 78202	Amount of SAN ANN OF SAN AND SAN AN
required.)	ment (See instructions regarding type of information	Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH NO Office sought Office held
3/28/01	Payee name  Jannen Jerk  Payee address; City: State; Zip Code  Wiselfee Sm/h		Amount (\$) 339 62
Purpose of pays required.)	ment (See instructions regarding type of information	** Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH Office sought Office held
Purpose of payr	Payee name US Postal Serv Payee address: City; State; Zip Code  Laure Heights Branch ment (See instructions regarding type of information	SunAnton's TX 78212  Complete if direct expenditure  Candidate / Officeholder name	Amount (\$)  to benefit C/OH Office sought Office held
Post.	ye.		
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POLITICAL EXPENDITURES	SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME	3 ACCOUNT # (Ethics Commission files)
4 Date  Beyon but  6 Payee address; City; State; Zip Code	AMOUND OF SAN ANTONIO
8 Purpose of payment (See instructions regarding type of information required.)  9 •• Complete if did Candidate / Officeholder in	rect expenditure to benefit C/OH name Office sought Office held
Payee name Welissa Coulter Payee address; City; State; Zip Code  3/31/11 2826 Vance Sackson San Antonio Tx 7	Amount (\$)
	rect expenditure to benefit C/OH ↔ name Office sought Office held
Payee name Michael Villavreal Payee address: City; State: Zip Code  Have Such teast TV. 7912	Amount (5)
	rect expenditure to benefit C/OH
Date Payee name Luke Rodriguery  Payee address: City: State: Zipcode  4/1/1/51 San Antonio TX 78212	- 1200
Purpose of payment (See instructions regarding type of information required.)  Savias Audued  ATTACH ADDITIONAL COPIES OF THIS FORM AS N	

1-800-325-8506

POLITICAL EXPENDITURES	SCHEDULE F
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2 FILER NAME	3 ACCOUNT # (Ethics Commission Rens)
4 Date 5 Payee name  Viarty Reblication  6 Payee address; Gity; State; Zip Code  4 10 1 804 140285 Austin	78714 416 21 85
8 Plarpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Z Office holder name Office sought Office holder
Payee address; City; State; Zip Code	500° ·
.\	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name Curts Way Ne Payee address: City: State: Zip Code  4 1901  San Antonio T	Amount (\$)  275
Purpose of payment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH → Candidate / Officeholder name Office sought Office held
Date Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH → Candidate / Officeholder name Office sought Office held
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Principal occupation (Optional)  Date  Full name of contributor  Fabray Rectriguez  Contributor address; City: State: Zip Code  (287 Apple Valley San Antoni TX 18743  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Date  Full name of contributor  Contributor address; City: State: Zip Code  (5322 Pebble Dew  San Antoni O X 1832  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Principal occupation (Optional)  Employer (Optional)		Joseph Condello contributor address; City; State; Zip Code 9119 Don Mills San Antonio .TX pation (Optional)	7 8250 Employer (Option	contribution (\$)	description (if applicable)
Principal occupation (Optional)  Date   Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)   In-kind contribution (\$)	Pate		)		
Date Full name of contributor out-of-state PAC (IDIt: Amount of contribution (\$) description (if applicable)    Islot Contributor address; City; State; Zip Code   250.00	1/12/01		• TX 78242	1000.00	
Contributor address: City: State: Zip Code    15322 Pebble Dew   San Antonio   X 78332     Principal occupation (Optional)   Employer (Optional)     Date   Full name of contributor   out-of-state PAC (IDM:	Principal occu	pation (Optional)	Employer (Option	al)	
Principal occupation (Optional)  Date Full name of contributor Out-of-state PAC (IDIE)  Amount of contribution (\$) In-kind contribution description (if applicable)  Contributor address; City; State; Zip Code  2727 Table Creek APA26 Say Antonia TX 78360	. ,	Chester Drash Contributor address; City; State; Zip Code (5322 Pa hhle, Dew)		contribution (\$)	In-kind contribution description (if applicable)
Date Full name of contributor Out-of-state PAC (IDIE)    1/18/00   Contributor address; City; State; Zip Code   Soo, 00   2727 Table Creek Apt 26 Say Antonia TX 78360	Principal occur		1 3 3		
Educated Torres  Contribution (\$) description (if applicable)  Contributor address; City; State; Zip Code  2727 Table Creek Apt 26 Say Antonia TX 78360		(0)	Employer (Option	di)	
2727 Treble Creek Apt226 San Antonia TX 28250				contribution (\$)	
	1/18/00	·~	au Antonia TX 287		
	Principal occup			<i>y</i> •	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	MMISSION P.O. Box 12070 Austin  CAL CONTRIBUTIONS  R THAN PLEDGES OR LOAN		1-800-325-850 SCHEDULE A1 PRMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	Guide explains how to complete this form.	1 Total pages th	is Schedule A1:
2 FILER NAM	E	3 ACCOUNT#	Ethics Commission filers)
1/12/01	5 Full name of contributor out-of-state PAC (ID#:_  JRick Day 6 Contributor address; City; State; Zip Code 7001 Creekwood Pass	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Spring Branch San Antonio, -	X 78070 10 Employer (Optional)	
Date	Full name of contributor  ut-of-state PAC (ID#:_ Mary Midkiff Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/13/01	21321 Babcock #7 San Antonion,	250.00 TX 78255	.  
Principal occu	pation (Optional)	Employer (Optional)	
Date 3/20/01	Full name of contributor   out-of-state PAC (ID#:_ Donze Lopez Contributor address; City; State; Zip Code 117 Blue Star No. 3 Sau Antonio TX	Amount of contribution (\$)  200.09	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	<u>N</u>
Date 2 /24 /01	Full name of contributor out-of-state PAC (ID#:_ Priscilla Pina Contributor address; City; State; Zip Code 213 UPSON St.	Amount of contribution (\$)	In-kind contribution description (if applicable)
Décading la const	San Antonio, TX	78212	 
Principal occuj	pation (Optional)	Employer (Optional)	
3 20 /01	Full name of contributor out-of-state PAC (ID#:_  Steve Giust  Contributor address; City; State; Zip Code  701 N. St. Marys #38	Amount of contribution (\$)  250.00	In-kind contribution description (if applicable)
	San Autonio TX	78205	

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ł	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	n, Texas 78711-207		3-5800 1-800-325-850  SCHEDULE A1  MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	ЭN Guide explains how to complete this form.		1 Total pages this	Schedule A1: 3
2 FILER NAM	E		3 ACCOUNT # (Et	hics Commission filers)
4 Date 3/15/01	5 Full name of contributor   out-of-state PAC (ID#:_  Gaylord E. Reaves 6 Contributor address; City; State; Zip Code  2610 Rim Oak  Say Antonio.	Tx 1883.2	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	ipation (Optional)	10 Employer (Option	al)	
Date 3 21 0	Full name of contributor   out-of-state PAC (ID#:_  Guris C. Gunn, 5.  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
المارة المارة	P.O.BOX 598 Sandutonio, TX	· cats	2002	201
Principal occu	pation (Optional)	Employer (Option	al)	AP CO
7/21/01	Full name of contributor   out-of-state PAC (ID#:_ Martin, Drought & To (TES Att Contributor address; City; State; Zip Code 300 Convent Street San Antonio		Amount of contribution (\$)	In-kind contributions of the contribution of t
Principal occu	pation (Optional)	Employer (Option	al)	
3/24/01	Full name of contributor out-of-state PAC (ID#:_  Stanley Blend  Contributor address; City; State; Zip Code  16427 AKIS Trail  San Antonio 7	x 78232	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Option:	al)	
3/24/01	Full name of contributor   out-of-state PAC (IDH:_  J. A. Cappell;  Contributor address; City; State; Zip Code  347 W; [Kens Ave  San Anton; o , TX	78210	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Option	al)	
lf contr	ATTACH ADDITIONAL COPIES ibutor is out-of-state PAC, please see instru			ng requirements.

Principal occupation (Optional)

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# **POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

OTHER THAN PLEDGES OR LOANS		(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)		
The Instruction	אס Guide explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAMI	E		3 ACCOUNT # (E	hics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/25/01	Victor J. Ferrari 6 Contributor address; City; State; Zip Code 3419 Hunters Wind St. San Antonio, TX	18 <b>23</b> 0	25.00	 
9 Principal occu	pation (Optional)	10 Employer (Option	al)	<u> </u>
Date /	Full name of contributor Out-of-state PAC (1D#_ Charles E. Cheever		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/27/01	Contributor address; City; State; Zip Code 501 Terrell Road		80000	 
Principal occup	San Antonio IIX	28209 Employer (Option	al)	2001 A
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution—" description (if applicable)
3/28/01	Al Medina Contributor address; City; State; Zip Code P.O. BOX 13335		100.00	PH 2:
Principal occup	Sau Antonio T	X 78213 Employer (Option:	al)	2: 21
Date	Full name of contributor out-of-state PAC (ID#_Lawrence L. Roddick		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/28/01	Lawrence L. Roddick  contributor address; City; State; Zip Code  11520 Huebner #206  San Antonio	TV 72290	500.00	
Principal occup	pation (Optional)	Employer (Optional	ai)	
Date /	Full name of contributor Out-of-state PAC (ID#:_  E. P. Waller Jr.	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/25/01	Contributor address; City; State; Zip Code	TV 70727	1000	: ^
	SanAntoni	DOCKE V . O	1	

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Texas Ethics Cor	mmission P.O. Box 12070 Austi	n, Texas 78711-207	0 (512) 46	3-5800 1-800-325-850
	CAL CONTRIBUTIONS  THAN PLEDGES OR LOAN	IS	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAME			3 ACCOUNT # (Et	nics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/23/01	5 ystine Daly 6 contributor address; City: State; Zip Code 303 E. Quincy Ste. 207		100,00	
9 Principal occup	San Antonio,	10 Employer (Options	al)	
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/26/01	Charles C. Butt contributor address; City; State; Zip Code 335 Kingwilliam San Antonio,	TV =74004	500 00	
Principal occup	pation (Optional)	Employer (Options	ai)	20 0
7/28/01	Full name of contributor   out-of-state PAC (ID#_Larry K, Travis Contributor address; City; State; Zip Code Sau Autonio i	78212	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Optiona	<u> </u>	
2 /2% /01	Full name of contributor out-of-state PAC (ID#:_  Bob Ross Registry  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
الماعماد	P.O. BOX 28490 San Antonio . To	x 78228	250.00	
Principal occupa		Employer (Optional	)	
Date	Full name of contributor   out-of-state PAC (ID#:_ Alamo Communications Br	okers	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/28/01	Alamo Communications Br contributor address; city; state; zip code 7727 Branston San Antonio TX	72050	50000	ę 1 - <del>1</del>
Principal occupa		Employer (Optional	)	
lf contrib	ATTACH ADDITIONAL COPIES outor is out-of-state PAC, please see instru	S OF THIS FORM AS	S NEEDED ditional reportin	g requirements.

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	S	(FOR FOR	SCHEDULE A1  MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
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2 FILER NAM	E		3 ACCOUNT # (Et	hics Commission filers)
3/28/01	5 Full name of contributor out-of-state PAC (ID#:_  Surev Kamath  6 Contributor address; City; State; Zip Code  1/107 Wurzbach		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	1/107 Wurzbach SanAntonio, T	× 78230 10 Employer (Option	ad)	
Date /	Full name of contributor out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/28/01	David P. Stanush contributor address; City; State; Zip Code 1451 Old Boerne Rd.		100.99	
Principal occur	Pation (Optional)			- 49
· intoparocco	pador (Opucrial)	Employer (Option	ai)	20
Date /	Full name of contributor   out-of-state PAC (ID#:_ Lerena Merle	)	Amount of contribution (\$)	In-kind contribution description (if applicable):
3/28/01	Lorena Merlo Contributor address; City; State; Zip Code 1300 Patricia Apt. 1005		10000	Y OLER -5 PM
Principal age	San Antonio pation (Optional)		<u> </u>	
Filiaparoccu	Jacon (Optional)	Employer (Options	ai)	2
Date	Full name of contributor out-of-state PAC (ID#_ George Eugene Simer Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
اماصحار	1617 E. Commerce SauAntonio, T	x 78205	100.00	
Principal occup	pation (Optional)	Employer (Optiona	l)	
Date	Full name of contributor out-of-state PAC (IDII:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/27/01	3700 Blanco Rd.	Tr. Desail	1000 00	, ~
l	San Antonio,	1X (X.)1~11	1	i

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Te	xas Ethics Co	mmission	P.O. Box 120	70 Aust	in, Texas 78711-20	70 (512) 4 <del>6</del>	3-5800 1-800-325-	850
			ITRIBUTION LEDGES		IS	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)	
	The Instruction	ON GUIDE explains	how to complete	this form.		1 Total pages this	Schedule A1:	
2	FILER NAM	E				3 ACCOUNT # (Et	hics Commission filers)	
4	Date	5 Full name of	contributor [	out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable	)
•	3/28/01	6 Contributors	n Coute	State: Zip Code	TX 78248	500.00		
9	Findpal occu	pation (Optional)			10 Employer (Option	nal)		
7	Date   01		contributor   Color   Kerodoress; City;			Amount of contribution (\$)	In-kind catribution description applicable	)
			ogdoches	Antonio	.Tx 78209	500.00	R-5 T	RECEIVI
	Principal occup	pation (Optional)			Employer (Option	ai)	22 × 0	<del>''</del>
3	Pate 2/28/01	Full name of Solvy (a Contributor a 314 U. Hold	Lindsey ddress; city:	out-of-state PAC (ID#:_/ / State; Zip Code	78010	Amount of contribution (\$)	In-kind contribution conditions (if applicable)	
	Principal occup	pation (Optional)	San Anto	2410 , 1 X	Employer (Option:	ai)	· · · · · · · · · · · · · · · · · · ·	
3	Date 8/28/01	Contributor ac	Norton At	out-of-state PAC (ID#_ Forway A+ h State; Zip Code	aw	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Principal occup	ation (Optional)	<u>San</u>	Antonio,	TY 78205 Employer (Options	l l)		
3	Date 3, 26/01	Full name of o San Antonio Contributor ac 1939 N. E. 1	Police O dress: cay:	State; Zip Code	550c. PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Principal occupa	ation (Optional)			Employer (Optiona	()		$\dashv$
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.							

1	CAL CONTRIBUTIONS  THAN PLEDGES OR LOAN	n, Texas 78711-207		3-5800 1-800-325-8500 SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)		
The Instruction	W GUIDE explains how to complete this form.	1 Total pages this Schedule A1:				
2 FILER NAME	2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)		
3/28/01	5 Full name of contributor out-of-state PAC (IDIT:_  Alguno Auto Sound & Secu 6 Contributor address; City; State; Zip Code	rity	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
9 Principal occu	1806 McCullough Sen Antonio, TX pation (Optional)	782   2 10 Employer (Option				
Date	Full name of contributor   OUT-OF-state PAC (ID#_ Kenneth W Brown		Amount of contribution (\$)	In-kind contribution () description (ikapplicable)		
3/28/01	Contributor address; City; State; Zip Code	Tx 78209	1000 00	PR -5 F		
Principal occu	pation (Optional)	Employer (Option	al)	R RNI		
2/28/01	Full name of contributor out-of-state PAC (ID#: Solvy W. Felk Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Spinoted according	9171 Rodelle St. SanAntonio IT	x 78240	250°°			
Principal occup	pation (Optional)	Employer (Option:	ai)			
Date	Full name of contributor out-of-state PAC (ID#_ M. Mike Garza 11)		Amount of contribution (\$)	In-kind contribution description (if applicable)		
3/28/61	contributor address; City; State; Zip Code 113 East Wo (Wood Ctl. Son Antology)	TX 78212	10000			
Principal occup	pation (Optional)	Employer (Option	al)			
Date	Full name of contributor out-of-state PAC (ID#:_ Robert J., Ross Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)		
3/28/0	7102 McCullough SanAntonio	Tx 78216	250 00	; -		
Principal occup	pation (Optional)	Employer (Option:	al)			
if contri	ATTACH ADDITIONAL COPIE:			ng requirements.		

Texas Ethics Cor	mmission P.O. Box 12070 Austin	, Texas 78711-2070	0 (512) 46	3-5800 1-800-325-8506	
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	s 	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)	
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:	
2 FILER NAM	E		3 ACCOUNT # (Et	nics Commission filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
3/28/01	Manuel G. Escobar 6 contributor address; City; State; Zip Code 201 W. Poplar San Antonio, T	X 78212	100000		
9 Principal occu	pation (Optional)	10 Employer (Options	ai)		
Date	Full name of contributor   out-of-state PAC (ID#:_Valero Politial Action Contributor address; City; State; Zip Code	ommittee	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Spaper	P.O. BOX 500-MS-36 San Antonia	TX 78201	10000	THE STATE OF THE S	
Principal occu	Principal occupation (Optional)  Employer (Optional)  Date Full name of contributor Contribution				
	Full name of contributor   out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/27/01	Marmon Mok contributor address; City; State; Zip Code 700 N. St. Mary's Ste. 1600 San Antonio	TV 78205	25000	CITY 2001 /	
Principal occu	pation (Optional)	Employer (Options	al)	APR -	
Date	Full name of contributor   out-of-state PAC (1D#:_ Ruben Escoba		Amount of contribution (\$)	In-kind contribution 2 M description (if applicable) <	
3/28/01	contributor address; City; State; Zip Code 745 E. Mulberry Ste. 777 San Antonio	7000	250.00	M 2: 21	
Principal occu	pation (Optional)	Employer (Options	al)		
Date	Paul H. John Son		Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/29/01	Paul H. Johnson  Contributor address; City; State; Zip Code 163 Park Hill Dr.	V 70212	100.00	en 7	
Principal occu	SanAntonio T	Employer (Options	n)		
If contr	ATTACH ADDITIONAL COPIES ibutor is out-of-state PAC, please see instru			ng requirements.	

## **POLITICAL CONTRIBUTIONS**

SCHEDULE A1

(512) 463-5800

OTHER	R THAN PLEDGES OR LOAN	S	(FOR FOR	MS C/OH, C/OH-35, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	Guide explains how to complete this form.	1 Total pages this Schedule A1:		
2 FILER NAMI	E		3 ACCOUNT # (Ett	ics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/28/01	6 Contributor address; City; State; Zip Code 9311 San Pedro, Apt 6000 San Antonio IT	× 78216	25000	
9 Principal occu	pation (Optional)	10 Employer (Option	nai)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/29/01	217 Alama ClazA SAN Autonio, TK.		500°	
Principal occu	pation (Optional)	Employer (Optional)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind antribution a description (if applicable)
4/3/01	43 Chapel Hill SAN ANTONIO, TX 70	8240	5000	ANTON ERK PM 2: 2
Principal occu	pation (Optional)	Employer (Option	al)	20
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/3/01	Contributor address; City; State; Zip Code 6929 CAMP BUILS AT San Antonio		250000	
Principal occu	pation (Optional)	Employer (Optional)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		<u>-</u>	; -
Principal occu	 pation (Optional)	Employer (Option	ai)	
Principal occu	pation (Optional)	Employer (Option	ai)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.